

## CHAPTER A-19

### PAID SICK LEAVE (PSL) created under the EMERGENCY PAID SICK LEAVE ACT (EPSLA)

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The Families First Coronavirus Response Act (FFCRA) includes provisions related to **Paid Sick Leave (PSL)** created under the Emergency Paid Sick Leave Act (EPSLA), effective April 1, 2020. It applies to leave taken between April 1, 2020 and December 31, 2020.

#### I. Definitions

**Paid Sick Leave (PSL):** A new type of paid leave under the EPSLA. Employees taking **PSL** in accordance with this Regulation will not be charged any of their accrued leave (sick, medical, vacation, or compensatory time).

**Regular Rate:** An employee's hourly rate of pay based upon the total remuneration in a *workweek* (e.g., base pay plus differentials, incentives, etc.). The *regular rate* for each week is calculated using the following formula:

$$\begin{array}{rcl} & (\text{Bi-Weekly Rate} \div 2) & \} \\ + & (\text{Education Incentive} \div 2) & \} \quad \div \text{Hours Worked Week 1} \\ + & (\text{On-Call} \div 2) & \} \quad \text{(Typically 40)} \\ + & (\text{Weekend Differential week 1}) & \} \\ + & (\text{Shift Differential week 1}) & \} \end{array}$$

**Son or Daughter:** For the purposes of this Regulation, a “*son or daughter*” is an employee's own child, under the age of 18, which includes his/her biological, adopted, or foster child, stepchild, a legal ward, or a child for whom the employee is standing in loco parentis—someone with day-to-day responsibilities to care for or financially support a child; or an adult *son or daughter* (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

**Unable to Work:** An employee is only considered unable to work if the employer has work for the employee to do and one of the qualifying reasons for leave as defined in the FFCRA prevents the employee from being able to perform that work, either at the actual jobsite, or by means of telework.

**Workweek:** A fixed and regularly recurring period of one hundred sixty-eight (168) hours: seven (7) consecutive 24-hour periods.

#### II. Eligibility for Leave under the EPSLA

- A. All full-time, part-time and per-performance employees who are unable to work for reasons related to COVID-19, regardless of how long they have been employed by the City, are eligible to request leave under this Regulation.
- B. Employees are only eligible for **PSL** beginning on or after April 1, 2020. Any leave taken before that date does not apply. If an employee began leave before April 1, 2020 and is or was still on leave after that date, only the portion of leave which occurred on or after that date is eligible for **PSL**.

### III. Leave Amount

Full-time employees are eligible for up to the number of hours scheduled in a two-workweek period (maximum of 80 hours) of **PSL** and part-time or per-performance employees are eligible to receive **PSL** equal to the average number of hours the employee works in a two-*workweek* period under the following conditions:

- A. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- B. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
- C. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- D. The employee is caring for an individual subject to an order described in (A) or who has been advised as described in (B);
- E. The employee is caring for a *son or daughter* whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; or
- F. The employee is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

### IV. Intermittent Leave

If the employee and appointing authority agree, an employee may be eligible to take **PSL** intermittently for a qualifying reason under the EPSLA.

### V. Calculating Leave (Examples)

- A. A full-time employee:
  - 1. who works a regularly-scheduled 5-day, 40-hour *workweek* is eligible for ten (10) days of leave.
  - 2. who works a regularly-scheduled four (4) ten-hour days per *workweek* is eligible for eight (8) days of leave, because they would normally work eight (8) shifts in a two (2) *workweek* period.

*In no instance shall an employee be allowed more than eighty (80) hours of **PSL**, regardless of their schedule.*

- B. A part-time or per-performance employee:
  - 1. who works an average of twenty-four (24) hours per week based on the average weekly hours worked over the past six (6) months is eligible for forty-eight (48) hours of leave, which is the equivalent of two (2) *workweeks* averaging twenty-four (24) hours each.
  - 2. who has been employed for less than six (6) months, should have their average *workweek* calculated using the entire length of their employment.

*Regardless of the employee's actual schedule, an employee is not eligible for more than eighty (80) hours of **PSL** in a two-week period.*

*If an employee has exhausted their two (2) weeks of **PSL** and needs additional leave, the employee may be eligible to use other accrued leave, and/or leave in accordance with the Family and Medical Leave Act (FMLA) or Emergency Family and Medical Leave Expansion Act (EFMLEA).*

## **VI. Calculating Pay**

- A. **PSL** taken for reasons outlined in Section III(A), (B) or (C) will be paid at the employee's *regular rate*.
  - 1. Regardless of the employee's *regular rate*, in no instance shall an employee be compensated more than \$511 per day and/or \$5,110 in total over a 2-week period.
- B. **PSL** taken for reasons outlined in Section III(D),(E) or (F) will be paid at two-thirds (2/3) the employee's *regular rate*.
  - 1. To calculate the reduced rate, enter a "dock" equivalent to one-third (1/3) of the number of hours of **PSL** the employee is taking, rounded to two (2) decimal points.
  - 2. Regardless of the employee's *regular rate*, in no instance shall an employee be compensated more than \$200 per day and/or \$2,000 total over a two-week period.

## **VII. Required Documentation Under EPSLA**

- A. An employee requesting **PSL** must provide the City with a signed statement containing the following information:
  - 1. the employee's name;
  - 2. the date(s) for which **PSL** is requested;
  - 3. the COVID-19 qualifying reason for leave; and
  - 4. a statement that the employee is unable to work or telework because of the COVID-19 qualifying reason.
- B. In addition to 1-4 above the employee must provide information depending on the reason that the employee is taking **PSL**:
  - a. For **PSL** taken for the reason stated in Section III(A), the employee must provide the name of the government entity that issued the quarantine or isolation order to which the employee is subject.
  - b. For **PSL** taken for the reason stated in Section III(B), the employee must provide the name of the health care provider who advised the employee to self-quarantine for COVID-19 related reasons.
  - c. For **PSL** taken for the reasons stated in Section III(D), the employee must provide either (1) the name of the government entity that issued the quarantine or isolation order to the person for whom the employee is caring or (2) the name of the health care provider who advised the person for whom the employee is caring to self-quarantine, as is applicable; and the name of the person for whom the employee is caring and that person's relationship to the employee.
  - d. For **PSL** or expanded family and medical leave to care for the employee's child as outlined in Section III(E), the employee must provide the following information: (1) the name of the child the employee is caring for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested **PSL**.

## **VIII. Exclusions for Emergency Responders and Health Care Providers**

- A. Because of their essential role in protecting the public during this pandemic, the FFCRA authorizes the City to exclude employees who are Emergency Responders or Health Care Providers. Employees in these categories will not be allowed to take leave for the reasons stated in Section III(D), III(E) and III(F). Employees who will not be allowed to take said leave under the Act for these reasons will be notified by their appointing authority.
- B. Appointing authorities shall notify the Director of Personnel of the names, classifications and reason(s) for excluding Emergency Responders and Health Care Providers they deem to be essential and excluded from the provisions of this Act.
- C. Health Care Providers and Emergency Responders will not be denied **PSL** for reasons outlined in Section III(A), III(B) or III(C).

## **IX. Recordkeeping**

Payroll clerks shall keep on file for a period of not less than four (4) years:

- A. All documentation provided regarding **PSL**, whether the leave is granted or denied.
- B. If the employee provided oral statements to support his/her request, such information shall be documented and retained.
- C. If denied, documentation of the justification for denial must be documented and retained.
- D. Documentation to show how you figured the amount of qualified sick and family leave wages.
- E. Documentation to show how you determined that the employees were qualified to receive **PSL**.

## **X. Confidential Medical Records**

All employees who receive confidential medical records pursuant to this policy should take care to keep those records separate from the employee's personnel files.

**XI.** This is a summary of employees' rights under this new law. The provisions of the Act shall control.

**XII.** The appointing authority or his/her designee should consult with the Department of Personnel (314-622-5798) with questions they may have.

**City of St. Louis**  
**Department of Personnel**  
**Request for Paid Sick Leave (PSL)**

This request is to be completed by the employee seeking Paid Sick Leave (PSL) under the Emergency Paid Sick Leave Act and Department of Personnel Pay Regulation Manual, Section A, Chapter A-19. Eligible employees are entitled to up to two weeks (80 hours) of PSL for the reasons specified in Section II.

Health Care Providers and Emergency Responders who have been designated as such by their appointing authority are only eligible for PSL under Section II(1), (2), or (3).

If an employee has utilized his/her entitlement to leave under the EPSLA since April 1, 2020, they are not entitled to additional leave.

**SECTION I – Employee Information**

**Employee Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Division/Section:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(# and Street) (City/State/Zip)

**Email:** \_\_\_\_\_

**Requested Leave Period: From** \_\_\_\_\_ **To** \_\_\_\_\_

[Optional: I wish to take intermittent leave for reason (5) below, during the following days and hours]

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**SECTION II – Reason for Request**

**I request Paid Sick Leave (PSL) for the following reason (check ONLY ONE):**

\_\_\_\_\_ (1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. State the name of the government entity that issued the quarantine or isolation order:

\_\_\_\_\_

\_\_\_\_\_ (2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. State the name of the health care provider who advised the employee to self-quarantine due to concerns related to COVID-19:

\_\_\_\_\_

\_\_\_\_\_ (3) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. State the name of the health care provider from whom the employee is seeking a medical diagnosis:

\_\_\_\_\_

\_\_\_\_\_ (4) The employee is caring for an individual who is subject to a quarantine or isolation order as described in (1) or has been advised as described in (2). Provide the name and relationship of the individual being cared for, in addition to requested item(s) from (1) or (2) above, as applicable:

\_\_\_\_\_

\_\_\_\_\_ (5) The employee is caring for a son or daughter whose school or place of care has been closed, or the child care provider is unavailable, due to COVID-19, **AND** no other suitable person will be or is able to provide care for the child(ren) during the period requested for leave. **Employee must fill out child information in Section III.**

\_\_\_\_\_ (6) The employee is experiencing other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. The Director of Personnel or designee in accordance with the EPSLA and any regulations issued by the Department of Labor will determine and notify employee of sufficient documentation, as required.

*The amount paid to the employee for reasons (1), (2) or (3) above is equal to the employee's regular rate of pay, up to a maximum of \$511 per day (\$5,110 in the aggregate). For reasons (4), (5) and (6) above, the amount paid is two-thirds the employee's regular rate of pay, up to a maximum of \$200 per day (\$2,000 in the aggregate).*

### **SECTION III – Child(ren) information** (Complete only if (5) above is checked)

Name of Son(s) or Daughter(s) <i>(Attach additional pages, if necessary)</i>	Date Of Birth	Name, School, Place of Care, or Child Care Provider currently closed for reasons related to COVID-19	Is any other suitable person available to care for the child(ren)?
(1)			<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)			<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)			<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ My child is over the age of 14, and special circumstances exist which require me to provide care.

### **SECTION IV – Certification Statement**

I certify that the information above is accurate. I acknowledge that I must notify my appointing authority or his/her designee immediately if any of the information above should change. I acknowledge that if I have received benefits under the EPSLA fraudulently or knowingly made a false statement in requesting or continuing PSL, I shall be subject to disciplinary action up to and including dismissal. I also acknowledge that I will be responsible for repaying the City for any fraudulent leave payments received.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date